## Commonwealth of Virginia Department of General Services Division of Consolidated Laboratory Services Richmond, Virginia

## **Early MUR Transition Change in Scope Request**

| Laboratory N     | ame:                                                                |                                                               | VELAP ID:                      |  |
|------------------|---------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------|--|
|                  |                                                                     | Water Act Methods Update R<br>the Fields of Certification / A |                                |  |
|                  |                                                                     | FROM Method                                                   | TO Method                      |  |
| Matrix           | Analyte                                                             | Name/Revision                                                 | Name/Revision                  |  |
|                  |                                                                     |                                                               |                                |  |
|                  |                                                                     |                                                               |                                |  |
|                  |                                                                     |                                                               |                                |  |
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|                  |                                                                     |                                                               |                                |  |
|                  |                                                                     |                                                               |                                |  |
|                  |                                                                     |                                                               |                                |  |
| Secondary l      | review an SOP for eac<br>aboratories under 1V<br>in lieu of an SOP. |                                                               | primary certificate supporting |  |
|                  | may implement the ucate from VELAP.                                 | use of the requested revised m                                | nethod(s) upon receipt of the  |  |
| Lab Owner's (or  | designee's) Name & Tit                                              | tle:                                                          |                                |  |
| Lab Owner's (or  | designee's) Signature &                                             | ¿ Date:                                                       |                                |  |
| CLS USE [Date/In | uitial]: Rec'd                                                      | Processing Compl                                              | eted                           |  |
|                  | Reviewed                                                            |                                                               |                                |  |
| OTES:            |                                                                     |                                                               |                                |  |

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